

I. Introduction

The Office of Vermont Health Access is a newly created office within the Agency of Human Services (AHS). It is responsible for overseeing the state's Medicaid program; AHS is the single-state Medicaid agency in Vermont. All Medicaid functions are overseen by OVHA, with the exception of eligibility-related functions which are performed by the Department of Children and Family Services (DCF).

OVHA has a mission to:

- Assist beneficiaries in accessing clinically appropriate health services;
- Administer Vermont's public health insurance system efficiently and effectively; and
- Collaborate with other health-care system entities in bringing evidence-based practices to Vermont Medicaid beneficiaries.

OVHA's goals are to:

- Improve access to primary care and necessary drugs;
- Increase the use of preventive health care services;
- Create a medical home for beneficiaries; and
- Provide medically necessary services in the most cost-efficient way and in the least restrictive setting possible.

OVHA's service objectives are to:

- Reduce the unnecessary use of the emergency room;
- Reduce hospital admissions for conditions that do not require inpatient care;
- Avoid more costly drugs when less expensive ones will provide an equally positive result; and
- Provide services that foster independence and self care.

Within this document we have included an overview of OVHA's organizational structure and a list of the specific functions performed by OVHA, referred to as plan departments or cost pools, and the allocation method for each function. Please note that the plan department numbers correspond to internal AHS program codes, from the state accounting system.

Other Departmental Claiming

The following AHS Departments also claim allowable administrative costs to the Medicaid program:

Social and Rehabilitative Services (SRS), now DCF

- Percentage of Social Worker time spent on allowable Medicaid administrative activities.

Prevention Assistance, Transition, and Health Access (PATH), now DCF

- Medicaid outreach and eligibility.

Department of Aging and Independent Living (DAIL)

- Grants to designated agencies for local administration of HCB waiver.
- Grants to area agencies on aging to assist elders in Medicaid outreach.
- Division of Advocacy and Independent Living staff time on administering waivers and fulfilling Medicaid state plan requirements.
- NATAC Registry and Administration.
- Licensed Nursing Facilities Survey, Licensure, and Complaints.
- ICF/MR Licensure.
- Level III Homes Licensure.
- Home Health Hotline.
- Auditing MDS+ Forms.
- Prior authorization personnel.
- Developmental Services administration.
- Vocational Rehabilitation staff administering traumatic brain injury HCB waiver.

Vermont Department of Health (VDH)

- Medicaid outreach and eligibility.
- Medical Practice Division (Quality Assurance).
- Selected Skilled Professional Medical Personnel.

Costs for these activities are included in each Department's plan and included on the CMS-64 as appropriate.

II. Organization

OVHA has three offices under the Director's office. These are the Deputy Director of Operations, the Deputy Director of Programs, and the Medical Director. The Deputy Director of Programs is responsible for Data Analysis, Long Term Care, Pharmacy, and Clinical Services. The Deputy Director of Operations oversees Policy, Provider Relations, Coordination of Benefits, Administrative Services, and Medicaid Auditing. The Medical Director does not have any offices directly reporting to this position.

Please see the attached organizational charts.

III. Plan Departments and Allocation Methodologies

Plan Department 1:

Indirect Cost Allocations

Nature and Extent of Services: The State of Vermont, Agency of Human Services negotiates the annual State Wide Indirect Cost Allocation Plan (SWICAP) with the Federal Government. The approved statewide indirect costs applicable to OVHA are included in the CAP and allocated to the appropriate benefiting objectives. OVHA also receives allocations from the AHS Office of the Secretary.

Plan Dept.	Plan Dept. Name	Description	Allocation Method
	SWICAP	OVHA Allocation of Statewide Indirect Costs	Program percentages of the salaries and fringe benefits distribution for the entire department.
	Statewide Single Audit	OVHA Allocation of Statewide Single Audit Indirect Costs	Program percentages of the salaries and fringe benefits distribution for the entire department.
	AHS Secretary's Office	OVHA Allocation of AHS Secretary's Office	Program percentages of the salaries and fringe benefits distribution for the entire department.

Cost Allocation Plan Guidance:

Plan Department	References
SWICAP, Single State Audit, and AHS	OMB A-87, Attachment A, Section C (1)(a), and Attachment A, Section B.1

(please note that these are not currently included in the allocation process because of the reorganization).

Plan Department 2:

Salaries, Benefits, and Travel

Nature and Extent of Services: The following plan departments, descriptions, and allocation methodologies are for salary, benefits, and related costs associated with OVHA programs.

Plan Dept.	Plan Dept. Name	Description	Allocation Method
41056.1	Commonwealth Grant	Grant to develop initiative for building State capacity to provide child development services.	Direct to Commonwealth Grant FFP 50%
41065.1	Principal Assistant to Commissioner	Salary Cost for the Principal Assistant to Commissioner. Principal Assistant to Commissioner is a skilled medical professional.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. Medicaid FFP 75%. SCHIP current FFP.
41065.2	Travel for Principal Assistant to Commissioner	Travel Cost for the Principal Assistant to Commissioner. Principal Assistant to Commissioner is a skilled medical professional.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. Medicaid FFP 75%. SCHIP current FFP.
41070.1	Health Access Staff	Professional staff needed to implement federally approved Managed Care Plans in the state's Medicaid Program.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. Medicaid FFP 50%. SCHIP current FFP.
41075.1	Health Care Policy Analyst	Health Care Policy Analyst who assists in the planning, development and continuing assessment of Health Care programs.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. Medicaid FFP 50%. SCHIP current FFP.

Plan Department 2 (Continued):

Salaries, Benefits, and Travel (Continued)

Plan Dept.	Plan Dept. Name	Description	Allocation Method
41080.1	Third Party Liability Staff	Staff who handle TPL claims.	Direct to FFP 50%.
41085.1	MMIS Operations Staff	Medical monitoring information systems personnel.	Percentage of EDS SCHIP claims adjusted as compared to the total EDS claims adjudicated for the quarter. FFP 75%.
41090.1	Skilled Medical Professionals	Medical professional staff in the Medicaid Division.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. FFP 75%
41090.2	Travel for Skilled Medical Professionals	Travel for Medical professional staff in the Medicaid Division.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. FFP 75%
41095.1	Medical Director & Staff	Division prepares Title XIX staff plan, develops policies and procedures, prepares and monitors Medicaid budget. Works with other central and district office staff, other agencies, providers and fiscal agent to insure quality medical care and services.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. FFP 75%

Plan Department 2 (Continued):

Salaries, Benefits, and Travel (Continued)

Plan Dept.	Plan Dept. Name	Description	Allocation Method
41110.1	General Admin/Medicaid-OVHA	General administrative expenses that are direct charged to Medicaid including but not limited to expenditures related to meetings to be directly billed.	Direct to FFP 50%
41145.1	General Administration/SCHIP	General administrative expenses that are direct charged to SCHIP including but not limited to expenditures related to meetings to be directly billed.	Direct to SCHIP

Cost Allocation Plan Guidance:

Plan Department	References
41052, 41056, 41057, 41060, 41061, 41062, 41063, 41064, 41065, 41066, 41070, 41075, 41080, 41085, 41090, 41095, 41105, 41110, 41120, 41130, 41135, 41140, 41145	OMB A-87, Attachment A, Section C 1(a) & Attachment B, Section 11 (a) and (b)

Plan Department 3:

Medical Services Contracts

Nature and Extent of Services: Nature and Extent of Services: The following plan departments, descriptions, and allocation methodologies are for medical services contract costs associated with OVHA programs.

Plan Dept.	Plan Dept. Name	Description	Allocation Method
41050.1	Enrollment Broker Services (Contract #1298)	Contractor will inform the eligible population and other interested individuals about the State health care programs. This includes information about program policies, time lines, and benefits.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. 50% FFP.
41052.1	EDS(HIPAA/MMIS Grant)	Personal services contract to assist the State in integrating the Health Insurance Portability and Accountability Act for proposed rules and regulations regarding security and privacy of medical records.	Direct to FFP 90%
41052.2	Travel for EDS (HIPAA/MMIS Grant)	Personal services contract to assist the State in integrating the Health Insurance Portability and Accountability Act for proposed rules and regulations regarding security and privacy of medical records.	Direct to FFP 50%
41130.1	PSI/CSME Contract	APD for MMIS module related to data warehouse.	Direct to PSI/CSME Contract Development at 50%

Plan Department 3:

Medical Services Contracts (Continued)

Plan Dept.	Plan Dept. Name	Description	Allocation Method
41130.2	PSI/CSME Contract	APD for MMIS module related to data warehouse.	Direct to PSI/CSME Contract Operations at 75%
41130.3	PSI/CSME Contract	APD for MMIS module related to data warehouse.	Direct to PSI/CSME Contract Operations at 90%
41054.1	PATH - NS&R Global Clinical Record	APD to create network for provider prior approval process.	Direct to NS&R Global Clinical Record at Development 50%
41054.2	PATH - NS&R Global Clinical Record	APD to create network for provider prior approval process.	Direct to NS&R Global Clinical Record Operations at 75%
41054.3	PATH - NS&R Global Clinical Record	APD to create network for provider prior approval process.	Direct to NS&R Global Clinical Record Operations at 90%
41055.1	Quality Review Contracts	Quality review services for the office of Vermont Health Access.	Direct to FFP 75%
41059.1	PCA Grants	Provide Coordination and support services to enrollees in the Medicaid Personal Child Attendants Family-Directed Program (PCA).	Direct to PCA Grant FFP 50%
41067.1	HRSA Grant	Health Resources and Services Administration to help expand access to coverage.	Direct to HRSA Grant
41090.1	Contracted Skilled Medical Professionals	Contracted Medical professional staff in the Medicaid Division.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. FFP 75%
41105.1	MH/VT Health Services	Cost audit for Title XIX.	Direct to FFP 50%

Plan Department 3:

Medical Services Contracts (Continued)

Plan Dept.	Plan Dept. Name	Description	Allocation Method
41110.1	General Admin/Medicaid-OVHA	General administrative expenses that are direct charged to Medicaid including but not limited to expenditures related to meetings to be directly billed.	Direct to FFP 50%
41120.1	Fiscal Intermediary (EDS)	Cost of contractual services provided by E.D.S. Federal Corporation for the administration of Medicaid/SCHIP program. E.D.S. receives, organizes and processes bills for medical recipients, maintains and makes available on-line histories of benefits paid and develops new applications with the context of approved advance planning documents.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. FFP 50%

Plan Department 3:

Medical Services Contracts (Continued)

Plan Dept.	Plan Dept. Name	Description	Allocation Method
41120.2	Fiscal Intermediary (EDS)	Cost of contractual services provided by E.D.S. Federal Corporation for the administration of Medicaid/SCHIP program. E.D.S. receives, organizes and processes bills for medical recipients, maintains and makes available on-line histories of benefits paid and develops new applications with the context of approved advance planning documents.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. FFP 75%
41120.3	Fiscal Intermediary (EDS)	Cost of contractual services provided by E.D.S. Federal Corporation for the administration of Medicaid/SCHIP program. E.D.S. receives, organizes and processes bills for medical recipients, maintains and makes available on-line histories of benefits paid and develops new applications with the context of approved advance planning documents.	Percentage of SCHIP eligibles as compared to the total Medicaid eligibles for the quarter. FFP 90%
41125.1	Peer Review Contracts	Utilization review services contract for Medicaid.	Direct to FFP 75%

Cost Allocation Plan Guidance:

Plan Department	References
41052, 41056, 41057, 41060, 41061, 41062, 41063, 41064, 41065, 41066, 41070, 41075, 41080, 41085, 41090, 41095, 41105, 41110, 41120, 41130, 41135, 41140, 41145	OMB A-87, Attachment A, Section C 1(a) & Attachment B, Section 11 (a) and (b)

Plan Department 4:

Other Charges

Nature and Extent of Services: Nature and Extent of Services: The following plan departments, descriptions, and allocation methodologies are for other operational costs associated with OVHA programs not including, salary, benefits, travel and medical services contracts.

Plan Dept.	Plan Dept. Name	Description	Allocation Method
41061.1	UVM/Youth Health	Works to improve the utilization and delivery of well care visits and preventative healthcare services to adolescents.	Direct to UVM/Youth Health
41062.1	RWJ/VCDP Grant	Expenses to be direct charged to the Robert Wood Johnson Grant.	Direct to Robert Wood Johnson Grant FFP 50%
41063.1	CHCS-VT Medical Home Project	Center for Health Care Strategies (CHCS) Enhanced primary care services for Vermonters enrolled in Primary Care Plus.	Direct to FFP 50%
41064.1	PACE Grant	Program for All-Inclusive Care for the Elderly	Direct to PACE Grant
41066.1	VT Community Depression Grant	Improve Depression care for Vermonters enrolled in the Primary Care Plus.	Direct to Community Depression Grant

Cost Allocation Plan Guidance:

Plan Department	References
41052, 41056, 41057, 41060, 41061, 41062, 41063, 41064, 41065, 41066, 41070, 41075, 41080, 41085, 41090, 41095, 41105, 41110, 41120, 41130, 41135, 41140, 41145	OMB A-87, Attachment A, Section C 1(a) & Attachment B, Section 11 (a) and (b)

Plan Department 4:

Programmatic Costs

Nature and Extent of Services: The following plan departments, descriptions, and allocation methodologies are for other programmatic costs associated with OVHA programs not including, salary, benefits, travel and medical services contracts.

Plan Dept.	Plan Dept. Name	Description	Allocation Method
41601.1	Medicaid Fund A	Programmatic Costs	Medical Services Grants
41602.1	SCHIP Payments	Programmatic Costs	Medical Services Grants
41603.1	Civil Union FD Y	Programmatic Costs	Medical Services Grants
41611.1	Medicaid Traditional	Programmatic Costs	Medical Services Grants
41621.1	Medicaid PCPlus	Programmatic Costs	Medical Services Grants
41631.1	Gear War vs. Wilson Reimbursements	Programmatic Costs	Medical Services Grants
41641.1	Buy-in Medicaid	Programmatic Costs	Medical Services Grants
41651.1	Vscript Medicaid	Programmatic Costs	Medical Services Grants
41671.1	VHAP PCPlus	Programmatic Costs	Medical Services Grants
41681.1	VHAP Pharmacy	Programmatic Costs	Medical Services Grants
41691.1	VHAP Services	Programmatic Costs	Medical Services Grants